

Step 1: Basic Client Information

Please complete the following basic client information and note that all fields with an * are required fields. This information is used to conduct an update or annual assessment for a client who is currently enrolled in a program. The response “Data Not Collected” means the question was not asked of the client and will report as missing on reports.

Basic Client Information:*

First Name:* _____ Last Name:* _____
 Middle Name: _____ Suffix: _____
 Birthdate:* _____ Social Security Number:* _____

Step 2: Project Update/Annual Assessment

Complete the project update/annual assessment information and please note all fields with an * are required fields. Complete additional forms for each household member to be updated or assessed.

Assessment Date:* _____
 Case Assignment:* _____

Covered by Health Insurance:*

- Yes No
- Client Doesn't Know Client Refused
- Data Not Collected

Type:*

- Private - COBRA Military Insurance
- Private – Employer Other Public
- Private – Individual State Funded (HIP or HIP 2.0)
- Medicare Indian Health Service (Native American)
- Medicaid Other _____
- State Children’s Health Insurance Program (S-CHIP; not Medicaid or HIP)

Status:*

- Active
 - Start Date: _____
 - End Date: _____
- No
 - Applied; decision pending Client Doesn't Know
 - Applied; client not eligible Client Refused
 - Client did not apply Data Not Collected
 - Insurance type N/A for this client

ClientTrack Barriers Assessment:*

<u>Barriers:*</u>	<u>Barrier Present?</u>	<u>Receiving Services/Treatment?</u>	<u>Condition Indefinite?</u>	<u>Documentation on File?</u>
Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No

If client reports "Alcohol Abuse, Drug Abuse and/or Mental Health" as present barriers, complete the following:

How confirmed:

- Unconfirmed; presumptive or self-report
- Confirmed through assessment and clinical evaluation
- Confirmed by prior evaluation or clinical records

Serious Mental Illness (SMI):

- No
- Unconfirmed; presumptive or self-report
- Confirmed through assessment and clinical evaluation
- Confirmed by prior evaluation or clinical records
- Client Doesn't Know
- Client Refused

Domestic Violence Assessment of Victim:*

Is client a victim of domestic violence:*

- Yes No
- Client Doesn't Know Client Refused
- Data Not Collected

When Experience Occurred:*

- Within the past three months Client Doesn't Know
- Three to six months ago Client Refused
- Six to twelve months ago Data Not Collected
- More than a year ago

Currently Fleeing:*

- Yes No
- Client Doesn't Know Client Refused
- Data Not Collected

Victimization Date:*

Interviewer: _____

Assessment Description: _____

Interview Type: In-Person Phone Call Only

Type of Abuse:

- Physical Stalking
- Sexual Human Trafficking
- Psychological

Weapon Used:

- Knife Other
- Gun Unknown

Associated with DV – Alcohol:

- Yes by Abuser Yes by Both
- Yes by Victim No

Associated with DV – Drugs:

- Yes by Abuser Yes by Both
- Yes by Victim No

Length of Violent Relationship:

- Under 1 Year 11-20 Years
- 1-5 Years Over 20 Years
- 6-10 Years Unknown

Sexual Assault Type:

- Adult Sexual Assault
- Adult Molested As Child
- Child Sex Abuse
- Rape
- Attempted Rape
- Other Sexual Contact

Sexual Assault Location:

- Victim's Home Victim's and Assailant's Home
- Assailant's Car Workplace
- Outside Institution
- Assailant's Home Other
- College Campus Unknown
- Friend's Home

Length Before Contact:

- Same Day 1-5 Years
- 1 Day 6-10 Years
- 3-6 Days 11-15 Years
- 1 Week to 1 Month Over 15 Years
- 2-6 Months Unknown
- 7-11 Months

Survivor of Incest

Other Child Sexual Abuse

Other Information and Offender Relationship to Victim

- Child Abuse (960s)
- Physical Abuse
- Psychological Abuse
- Child Witnessed Abuse
- Abuse Through Neglect
- Other Type of Abuse
 - Terrorizing
 - DUI/DWI Crash
 - Elderly Abuse
 - Stalking, Robbery
 - Non-DV Assault
 - Harassment
 - Disorderly Conduct
 - Survivor of Homicide
 - Violation of Court Order
 - Other _____

Relationship to Victim:

- Parent Spouse
- Grandparent Intimate Partner
- Guardian Sibling
- Other Family Member Acquaintance
- Other Non-Family Stranger
- Other Caretaker

Legal/Crime Information

Law Enforcement Called:

- Yes No
- No Yes – but didn't respond
- Unknown

Abuser Arrested:

- Yes
- No
- Unknown

Incident Report Filed:

- Yes
- No
- Unknown

Signer of Report:

- Victim
- Law Enforcement
- Other
- Unknown

Criminal Complaint Filed

- Went to Court
- Convicted
- Civil Resolution
- No Legal Resolution

Crimes:*

Incident Date:* _____

Abuser:* _____

Abuser DOB: _____

Relationship to Victim:

- | | |
|--|---|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Other Caretaker |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Intimate Partner |
| <input type="checkbox"/> Other Family Member | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Other Non-Family Member | <input type="checkbox"/> Acquaintance |
| | <input type="checkbox"/> Stranger |

Crime:*

- | | |
|---|---|
| <input type="checkbox"/> Adult Survivor of Child Physical Abuse/Neglect | <input type="checkbox"/> Incest |
| <input type="checkbox"/> Adult Survivor of Child Sexual Abuse | <input type="checkbox"/> Kidnapping |
| <input type="checkbox"/> Aggravated Harassment | <input type="checkbox"/> Rape |
| <input type="checkbox"/> Assault | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> Bias/Hate Crime | <input type="checkbox"/> Sexual Assault |
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Criminal Mischief | <input type="checkbox"/> Strangulation |
| <input type="checkbox"/> Custodial Interference | <input type="checkbox"/> Trafficking |
| <input type="checkbox"/> Child Abuse – Physical/Neglect | <input type="checkbox"/> Violation of Order of Protection |
| <input type="checkbox"/> Child Abuse – Sexual | |
| <input type="checkbox"/> Domestic Violence | |
| <input type="checkbox"/> Elder Abuse | |
| <input type="checkbox"/> Harassment | |
| <input type="checkbox"/> Homicide | |
| <input type="checkbox"/> Identity Theft | |

VOCA Victimization Category

- A. Child Physical Abuse
- B. Child Sexual Abuse
- C. DUI/DWI Crashes
- D. Domestic Violence
- E. Adult Sexual Abuse
- F. Elder Abuse
- G. Adults Molested as Children
- H. Survivors of Homicide Victims
- I. Robbery or Bank Robbery
- J. Assault
- K. Violent Crime
- L. Economic Exploitation and Fraud
- M. Hate Crimes
- N. Other
- O. Stalking

Primary Victimization

Repeat Victim

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Financial Assessment:* Cash Income:*

- Yes No
- Earned Income \$ _____
- Private Disability Insurance \$ _____
- Unemployment Insurance \$ _____
- Worker's Compensation \$ _____
- Pension From Former Job (VA Included) \$ _____
- Supplemental Security Income \$ _____
- Social Security Disability Income \$ _____
- Retirement (Social Security) \$ _____
- Alimony \$ _____
- VA Service-Connected Disability \$ _____
- VA NonService-Connected Disability \$ _____
- TANF \$ _____
- Child Support \$ _____
- Other Income \$ _____

Adult Education Assessment:*

Currently in School/Working on Degree:

- Yes No
- Client Doesn't Know Client Refused
- Data Not Collected

Received Vocational Training/Apprenticeship:

- Yes No
- Client Doesn't Know Client Refused
- Data Not Collected

Highest Grade Completed:*

- School program does not have grade levels 12 Grade, no diploma
- Less than grade 5 High School Diploma
- Grades 5-6 GED
- Grades 7-8 Some college
- 9th Grade Client Doesn't Know
- 10th Grade Client Refused
- 11th Grade Data Not Collected

Attendance Status:

- Attending school regularly Suspended
- Attending school irregularly Expelled
- Graduated from high school Client Doesn't Know
- Obtained GED Client Refused
- Dropped out Data Not Collected
- Suspended

Secondary Education:

- Associates Degree Doctorate Client Doesn't Know
- Bachelors Other Graduate/Professional Degree Client Refused
- Masters Certificate of Advanced Training or Skilled Artisan Data Not Collected

Non Cash Benefits:* Yes No

- Food Stamps/Money for Food on Benefits Card \$ _____
- Special Supplemental Nutrition Program (WIC)
- TANF Child Care Services
- TANF Transportation Services
- Other TANF Funded Services
- Section 8, Public Housing, Other Rental Asst. (PSH) \$ _____
- Temporary Rental Assistance (RRH) \$ _____
- Other Source

Child Education Assessment:*

Highest Grade Completed:*

- School program does not have grade levels 12 Grade, no diploma
- Less than grade 5 High School Diploma
- Grades 5-6 GED
- Grades 7-8 Some College
- 9th Grade Client Doesn't Know
- 10th Grade Client Refused
- 11th Grade Data Not Collected

Current Enrollment Status:*

- Yes No
- Client Doesn't Know Client Refused
- Data Not Collected

If Yes, Type of School:

- Public School Technical/Career
- Homeschool Client Doesn't Know
- Charter Client Refused
- Parochial or Other Private School Data Not Collected

School Name: _____

Connected w/McKinney-Vento School Liaison?

- Yes No
- Client Doesn't Know Client Refused
- Data Not Collected

If not enrolled, Last Enrollment Date: _____

Reason Not Enrolled: _____

Legal Assessment:*

Assessment Description: _____

Are you currently involved in any of the following legal situations?

- Divorce
- Eviction
- Bill Collector
- Pending Criminal Charges
 - o Description: _____
- Order of Protection
- Probation/Parole
- Custody Issues
- Child or Spousal Support
- Warrant for Arrest
- CPS Involvement
- Other: _____

Do you currently have legal representation?

How many days, past 30 days, experiencing legal representation? _____

Legal Description Notes: _____

Transportation Assessment:*

Primary Transit Means:

- Own vehicle
- Ride from friends/family
- Bicycle
- Other: _____
- Bus
- VanTran
- Walk

Vehicle Ownership:

- Own
- Leased
- Borrowed

Vehicle Make: _____

Vehicle Model: _____

Vehicle Year: _____

Vehicle Description: _____

Vehicle Condition:

- Good running condition
- In Need of Repair
- Impounded

Vehicle Condition Description: _____

Registered State: _____

License Plate Number: _____

Insurance Company: _____

Insurance Renewal Date: _____

License Number: _____

License Expiration Date: _____

Other helpful resources at www.IndianaBOS.org.